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## **SECTION 1: PROGRAM INTRODUCTION and OVERVIEW**

### **The Tuscaloosa VA Medical Center Optometric Residency in Hospital-Based/Primary Care Optometry**

**(2 Positions)**

**Affiliation: The University of Alabama at Birmingham School of Optometry**

The Tuscaloosa VA Medical Center (TVAMC) is located in West Alabama where it is situated on a beautiful 125 acre campus with 25 major buildings. TVAMC provides primary care, long-term health care and mental health care services to eligible veterans in the Veterans Integrated Service Network (VISN) 7. Comprehensive outpatient services, as well as access to secondary and tertiary care services, are also available to eligible veterans.

The optometry clinic at the Tuscaloosa Veterans Affairs Medical Center was established in 1978. The following year the clinic accepted its first resident in hospital-based optometry. The program was so successful that with the help of our affiliate, the University of Alabama at Birmingham School of Optometry (UABSO), a second position was created in 1980. The optometry clinic has experienced significant growth through the years, having grown from a clinic with a total of only three rooms, to a clinic which now contains seven exam rooms, two special procedures rooms, a preliminary testing area, staff office space, two health technician offices and a large waiting area. Our annual patient encounters currently average approximately 7500. This number of encounters affords each resident exposure to, and opportunities to interact with, quality patients. The Department of Veterans Affairs has also amended patient eligibility rules and its attitude toward delivering care, which now emphasizes preventive health care. These changes have been very beneficial for the optometry clinic in that it has provided opportunities for continued growth and increased the optometric education opportunities available at TVAMC.

The Tuscaloosa VAMC has 2 optometrists on staff. Optometrists provide primary eye care as well as manage chronic ocular diseases and ocular manifestations of systemic diseases. Each optometrist is a licensed practitioner, credentialed and privileged to practice full scope optometry, including the use of topical and oral medications. There are no ophthalmologists on staff at TVAMC, but we do enjoy an excellent rapport with the Birmingham VAMC and with local private sector surgeons.

The TVAMC has a teaching program that trains fourth year optometry students from Illinois College of Optometry (ICO) and the University of Alabama at Birmingham School of Optometry (UABSO). Currently, three students per quarter rotate through our program. Although our primary goal is to provide high quality eye care to our nation's veterans, our other emphasis is to provide a quality educational experience for our optometry residents and students. As the residency year progresses, residents who have demonstrated an established level of clinical competence are allowed to precept students under the guidance of the clinic staff. This affords additional opportunities for the resident's growth and educational experience.

Residents will perform routine eye examinations as well as be responsible for evaluating walk-in and emergency patients. Based on our patient demographics, residents will encounter a high percentage of patients with glaucoma, macular degeneration, diabetic retinopathy, inflammatory eye disease, vascular occlusive disease and varied ocular manifestations of systemic diseases. Residents have an opportunity to rotate through external clinical sites including a private retinal specialist and a regional optometry/ophthalmology referral center. This affords them the opportunity to observe and be involved in the delivery of pre and post operative surgical care, as well as exposes them to more complicated cases and procedures.

The Tuscaloosa VA Medical Center Optometric Residency in Hospital-Based/Primary Care Optometry is a one-year program which typically begins on July 1<sup>st</sup> and concludes June 30<sup>th</sup> of the following year. Adjustments may be required by Human Resources related to the start dates and end dates based on when pay periods and the July 4<sup>th</sup> Federal holiday falls. Regardless, the appointment is for one year and is reflected in and signed by the candidate in the Residency Acceptance Letter.

## **CLINIC STAFF**

### **L.R. Thompson, O.D., F.A.A.O.**

Dr. Thompson completed his residency training at TVAMC in 1984. In 1985, after a short time in private practice, he returned to the Medical Center to assume oversight of the optometry clinic and residency program. He continues to serve as clinic chief. Dr. Thompson can be reached at [Roy.Thompson@va.gov](mailto:Roy.Thompson@va.gov).

### **Nathan A. Whitaker, O.D., F.A.A.O.**

Dr. Whitaker completed his residency training at TVAMC in 1995. In July, 1996 he joined the optometry staff and assumed direct responsibilities over the ICO and UABSO student programs. He began serving as the residency supervisor in 2007. Dr. Whitaker can be reached at [Nathan.Whitaker@va.gov](mailto:Nathan.Whitaker@va.gov).

### **CONTACT INFORMATION:**

|                                 |                |
|---------------------------------|----------------|
| Medical Center Toll-Free Number | 1-888-269-3045 |
| Optometry Clinic Main Number    | 1-205-554-2847 |
| Optometry Clinic Fax Number     | 1-205-554-4628 |

### **MAILING ADDRESS:**

Tuscaloosa Veteran's Affairs Medical Center  
Optometry Clinic (679/123)  
3701 East Loop Road  
Tuscaloosa, AL 35404

## **SECTION 2: PROGRAM MISSIONS, GOALS, AND OBJECTIVES**

### **OPTOMETRY RESIDENCY MISSION STATEMENT:**

The mission of the Residency in Hospital-Based/Primary Care Optometry at the Tuscaloosa Veterans Affairs Medical Center is to provide a unique post-doctoral experience in a multidisciplinary setting with the intent of nurturing the residents' development into exceptional optometric clinicians by broadening general skills, and mastering additional specialized skills through independent patient care while adhering to supervision guidelines.

### **OPTOMETRY RESIDENCY PROGRAM GOALS:**

1. To solidify each resident's patient care skills.
2. To expand each resident's knowledge base by delivering care to patients with a wide variety of ocular and systemic diseases.
3. To provide residents the opportunity to interact with providers outside of optometry

and to help them understand how a health care team operates in a multidisciplinary health care system.

4. To develop and improve the resident's scholarly activity skills including those required for the preparation and presentation of lectures and the process of manuscript preparation.
5. To equip residents with the necessary knowledge base and clinical skills for careers in specialty service or clinical teaching.

#### **OPTOMETRY RESIDENCY PROGRAM OUTCOMES:**

1. Residents will manage at least 1000 patient encounters.
2. Residents will be the primary provider, within residency supervision guidelines, for patients exhibiting a variety of ocular diseases such as diabetic retinopathy, glaucoma, cataracts, acute red eyes, vein occlusions, age-related macular degeneration inflammatory eye disease and others.
3. Residents will interact with disciplines outside the medical center through external rotations.
4. Residents will consult with regional VA ophthalmic sub-specialties.
5. Residents will interact with medical disciplines inside the facility by completing internal consult requests.
6. Residents must prepare a manuscript of publishable quality.
7. Residents must research, prepare and present lectures at specific times during the residency year.
8. Residents will select and present articles in Journal Club.
9. Residents will manage patients requiring specialized testing and perform tests on these patients in sufficient number and at a level of expertise that is acceptable to the clinical staff.
10. Residents will attend the weekly Residency Conference at the affiliate (UABSO), which will cover core topics of broad interest and specialty topics in primary care optometry.

## SECTION 3: PROGRAM ADMISSION AND COMPLETION CRITERIA

### ADMISSION CRITERIA

The Tuscaloosa VAMC participates in the Optometric Residency Matching Service ([www.optometryresident.org](http://www.optometryresident.org)). Specific requirements the applicants must meet for residency consideration include the following:

- Applicants must have earned a Doctor of Optometry (O.D.) degree, or will have earned such a degree by the time of matriculation, from a Council on Optometric Education accredited school or college of optometry.
- Applicant should have a minimum cumulative grade point average in the optometry professional curriculum of 3.0, on a 4.0 scale.
- Applicants must have successfully completed parts I, II, and III of the National Board of Examiners in Optometry (NBEO).
- An interview by the TVAMC optometry staff with concurrence by the UABSO residency committee may be necessary.
- By congressional law, candidates must be citizens of the United States.
- The Tuscaloosa VAMC affirms that all residency applicants will be evaluated without regard to sex, race, color, creed, national origin, or non-disqualifying physical disabilities.

The application process officially begins with the resident applying to ORMS. First, the resident applicant will need to register with ORMS by submitting a completed application form by: (1) online submission at [www.optometryresident.org](http://www.optometryresident.org); (2) FAX to ORMS at 901-272-2079; or (3) mail to ORMS, 151 Principia Court, Claremont, CA 91711-4657. The application and \$30 processing fee are due by February 1 (late application deadline February 28). Second, ORMS recommends that the resident applicant contact the residency program coordinator (Dr. Whitaker) and send all supporting documents to him. These supporting documents include a statement of interest, curriculum vitae, optometry transcripts, and NBEO scores. The applicant is also instructed to have three letters of recommendation sent directly to the residency program coordinator. Finally, the resident applicant should submit his or her ranking of residency program preferences to ORMS by 5PM PST the first Friday in March. If

the resident decides upon a different ranking order, he or she may submit a new ranking form if done so by the first Friday in March. The application process is clearly described on the ORMS website. Whenever possible for the applicants, the program coordinator and the staff optometrist, interview qualified applicants. On-site interviews are strongly encouraged, as it gives applicants the opportunity to see the facility, meet the staff and coordinator, and become familiar with the clinic environment. Although each Hospital-Based/Primary Care Optometry resident candidate is strongly encouraged to visit TVAMC, a personal interview is not mandatory. Telephone interviews may be arranged if a visit cannot be scheduled.

Resident applicants who do not match will be informed of such by ORMS. The names of residency programs which also did not match and the name of unmatched applicants will be available on the ORMS website at the earliest possible date after the match. After official notification of non-matched status by ORMS, interested parties can proceed with independent negotiation in filling residency programs.

## **RESIDENCY COMPLETION CRITERIA**

When a resident successfully completes the training program, the Director of Residency Programs recommends to the Dean of the affiliate (UABSO) the granting of a certificate. Criteria for residency completion are as follows:

- The resident is required to deliver clinical services at a level which is satisfactory to the clinic staff.
- The resident is required to write a paper based on original research, literature review, or a clinical case suitable for publication in a refereed ophthalmic journal.
- The resident is expected to perform in a professional manner in the delivery of patient care services and to observe those proprieties of conduct and courtesies that are consistent with the rules and regulations governing the clinic.
- The resident is required to participate in and complete the requirements set forth in the curriculum.

## SECTION 4. CLINICAL PROTOCOLS

### 1. PROFESSIONAL EXPECTATIONS

- a. Residents are expected to familiarize themselves with the AOA Clinical Practice Guidelines. The AOA web site (<http://www.aoa.org/x4813.xml>) describes the Clinical Practice Guidelines.
- b. Veterans and their families must always be treated with compassion and courtesy. Each patient should be addressed by his or her last name, or by the title "Sir" or "Ma'am", when appropriate. Residents will be expected to conduct themselves as professionals, demonstrate an appreciation of patients' needs and avoid any conduct that might be regarded by patients and family members as rude, demeaning or otherwise unprofessional.
- c. The Tuscaloosa VAMC is a neuropsychiatric hospital and at times patients can become agitated and difficult to manage. If this occurs, attempt to calm the patient. If you feel uncomfortable with a situation, involve a staff member. We do not have to do everything in one visit and can easily reschedule appointments if needed.
- d. Patient privacy and the confidentiality of their medical information must be respected and guarded at all times. Patient objections to procedures and requests to decline procedures or treatment must be respected and the risks/benefits/alternatives presented and documented in the chart. Exercise care regarding conversations in public areas of the medical center (corridors, elevators, lobbies, dining rooms). Individual patients should never be discussed in a setting or a way that would permit their being identified by others. Items with patient specific information or open medical records should never be left in public areas where visitors or passers-by could access the information. Avoid joking references to patients. Clinical discussions in general are inappropriate in public areas.
- e. Remember that many veterans do not hear well, so speak plainly and enunciate when you introduce yourself to your patients.
- f. Any doctors should be addressed by their title and last name in the clinic or around patients. Students should be addressed by "Mr./Ms. [insert name here]"



or “Intern/Student Doctor [insert name here]” in front of patients, and all staff should be treated with very cordial respect.

- g. Be punctual! The resident’s tour of duty begins at 7:30am and concludes at 4:00pm. It is your responsibility in the morning to prepare your room/equipment and review necessary records so as to be prepared to start your first patient promptly at 7:30am. It is your responsibility to arrive as early as necessary to accomplish this.
- h. Please dress appropriately for clinic. Official name badges are a VA requirement and must be worn at all times when on station. Residents are not required to wear clinic jackets. Avoid blue jeans, open-toed shoes, shorts, excessively tight or low cut clothing, torn or stained clothing, etc. Your appearance should reflect professionalism. Any display of potentially controversial opinions or partisan political advertisements on clothing or carried items is prohibited. Eating or drinking in exam rooms or in front of patients is prohibited. These are VA regulations.
- i. The Tuscaloosa VA Medical Center is a smoke-free facility. Designated smoking areas are provided outside of buildings and away from doorway traffic.
- j. Treat VA equipment as if it were your own. Clean and cover your own equipment at the end of the day, and keep your work area free of debris and hazards. It is recommended that you do not bring your own equipment as the VA will not assume responsibility for lost or stolen articles. If a piece of equipment is not operating properly, please notify the staff as soon as possible so that we can arrange for timely repair.
- k. Limit incoming and outgoing personal calls. Emergency long distance calls, patient contacts, etc. are permissible. Cell phone usage is permitted, but must not interfere with the delivery of care or be used in the presence of patients.
- l. All patient notes will be entered electronically into the Computerized Patient Record System (CPRS). All charts are to be completed prior to your leaving the clinic each evening. Since there are other caregivers within the Medical Center reading our charts, spell things out in their entirety and keep abbreviations to a minimum. There is an approved and unapproved abbreviations list which is very extensive. However, considering the time it takes to see if an abbreviation is

approved or not, it is easier to just completely spell out what you intend to convey in your note. Assessments and plans should never contain abbreviations.

- m. The television is for patients during tour of duty hours.
- n. Computers are located in each examination room. Be mindful that these are for official VA business. The use of thumb/flash drives and external media storage devices in conjunction with VA computers are strictly prohibited. It is imperative that you lock your computer when you step away, no matter how brief your absence from the terminal. The VA Information Security Handbook can be reviewed at [http://www1.va.gov/vapubs/viewPublication.asp?Pub\\_ID=56](http://www1.va.gov/vapubs/viewPublication.asp?Pub_ID=56). The Department of Veteran's Affairs National Rules of Behavior on the VA intranet can be accessed at online by visiting the following site: [http://vaww.va.gov/oaa/Archive/VA\\_Handbook\\_6500\\_appd\\_G.pdf](http://vaww.va.gov/oaa/Archive/VA_Handbook_6500_appd_G.pdf).

## **2. SCHEDULE (TOUR OF DUTY)**

- a. Normal Medical Center clinic hours are from 8:00am to 4:30pm Monday through Friday. The Optometry clinic begins seeing patients at 7:00 am. Residents begin at 7:30 am and end at 4:00 pm Monday, Tuesday, Thursday and Friday. Even though the tour of duty officially ends at 4:00 pm, the residents are expected to stay until all patients for the day are seen and notes for the day are completed.
- b. Each Wednesday morning, residents meet for the didactic component of the program at the affiliate (UABSO). Conference begins at 8:00 am and concludes around 12:00 pm. The afternoon is reserved for research and rotations through external sites such as a private practice retinal surgeon and a regional optometry/ophthalmology referral center.
- c. Lunch is from 12:00 to 1:00pm. The first afternoon patients are scheduled at 1:00pm and must be seen on time. If your morning patients extend beyond 12:00 pm, your lunch period will be shorter.
- d. The goal in our clinic is to see patients *on time*. Please be considerate of your patients' time. Remember, too, that many patients will have multiple appointments on the same day and we need to be sure that we are not at fault if they are late for an appointment scheduled after ours. If you are tied up and have a follow-up come in and see that you will be a while before getting to them, please advise the staff so that we can help maintain flow and ensure that we do not make your patient wait beyond their scheduled time. Sometimes doctors get backed up with an emergency or a difficult case and get behind. Please be mindful of other doctors in the clinic. If you are ahead of schedule, or if you notice that another clinician is behind schedule, you may offer to help out. If you need help, please ask for it.

### 3. CLINIC RESPONSIBILITIES

- a. **Patient Care.** Patient care is priority and our goal is for you to be able to perform thorough and efficient eye examinations. When in doubt about testing, please ask an attending to recheck your findings prior to dilation. Although ancillary testing (such as visual fields, OCTs, and photography) are at times provided by the technician staff members, residents are encouraged to perform their own appropriate ancillary testing when time is available.
- b. **Maintenance.** Residents should inform an attending promptly if equipment is not working correctly. It is important to keep all equipment and instruments operational to avoid patient flow problems. You are responsible for keeping your room well stocked with drops, hand sanitizer, swabs, etc. If any supplies run low, please notify staff so that it may be replaced promptly. If stock, equipment, or supplies are borrowed from another exam room, those should be replaced or replenished as soon as possible.
- c. **Office Duties.** Medical center policy requires that all notes be electronically signed within 24 hours. Our policy is that you complete all your notes prior to leaving for the day. If possible, your attending will appreciate you signing them as you go along during the day, since the 24 hour rule applies to your cosigner as well.

### 4. CURRICULUM

The residency curriculum at TVAMC is multi-faceted and includes clinical, scholarly and didactic activities. Residents are involved in direct patient care on Monday, Tuesday, Thursday and Friday from 7:30 am to 4:00 pm. Each Wednesday morning, residents attend residency conference at our affiliate UABSO, where the majority of the didactic components of the program are addressed. Wednesday morning conferences include lectures and presentations, clinical procedures rounds, clinical grand rounds and journal club. Wednesday afternoons are set aside for scholarly activities, as well as rotations through specialty clinics. Our resources include several general ophthalmologists and ophthalmic sub-specialties through whom our residents have the opportunity to rotate.

The Residency Conference is an important component of the curriculum. The Residency Conference schedule for the year is ongoing, extending from July, when program begins, through May of the following year. Residency Conference

is held on Wednesday mornings for the following residents: Resident in Family Practice Optometry/UABSO (1), Resident in Cornea and Contact Lenses/UABSO (1), Resident in Pediatric Optometry/UABSO (1), Resident in Ocular Disease at VisionAmerica Birmingham (1), Residents in Geriatric and Low Vision Rehabilitative Optometry at the Birmingham VAMC (3), and the Residents in Hospital-Based / Primary Care Optometry at the Tuscaloosa VAMC (2). The Residency Conference Schedule is circulated during the first Residency Conference of the year. Specific activities comprising the Residency Conference are described below:

### **Lectures / Presentations**

During the first several weeks, topics of general interest are covered in order to achieve a relatively equal common knowledge base. In addition to these core topics, a series of topics germane to the various specialty areas is presented throughout the year. The Residency Conference schedule reveals consists of a wide variety of topics applicable to Hospital-Based/Primary Care Optometry.

### **Clinical Grand Rounds**

It is required that the residents participate in Grand Rounds. Specifically, the resident is required to present patients periodically to students, residents, and clinical faculty. Clinical Grand Rounds rotate between UABSO, Birmingham VAMC, and Tuscaloosa VAMC.

### **Journal Club**

All residents are required to attend and participate in Journal Club. In Journal Club residents choose an article of interest, from a peer-reviewed journal, and discuss with fellow residents and faculty its content, the strengths and weaknesses of the study design, and its clinical pertinence. This serves to familiarize residents with the current literature, contemporary issues in patient management, and various aspects of research methodology.

### **Case Conference**

Residents present interesting cases that are discussed with other residents and faculty. These cases may include unusual or problematic cases which the resident would like to share or seek a second opinion. Case Conference is similar to Grand Rounds without the patients physically present.

**Records Review**

Randomly selected charts are reviewed by the faculty responsible for each program. The aim is to provide constructive feedback in regard to data collection, diagnosis, and management.

**Resident Exit Interview**

The resident is formally interviewed to provide input to faculty as to the resident's perspective of the program. Constructive comments are sought about ways to improve the program.

**Paper for Publication**

All residents are required to write a paper suitable for publication in a refereed ophthalmic journal. This paper may be a unique or unusual case report or case series, clinical literature review, or original research. This serves not only to teach residents the elements of research and paper writing but also to enrich the optometric literature. At the beginning of each residency year, the Director of Residencies at the University of Alabama at Birmingham School of Optometry establishes a timeline for residents regarding their requirements for manuscript preparation. The clinic staff at TVAMC are intimately involved in assisting residents in identifying cases or reviews worthy of publication. We also ensure that they stay on track with the recommended deadlines established by the affiliate.

**Clinical Teaching Experience**

Resident supervision of student externs is not a requirement, but is an opportunity afforded those who might be interested in interacting with students in a preceptor capacity. Because of the setup of our clinic, the residents and students interact very closely. Very often they will observe and discuss interesting cases, as well as assist one another in the delivery of care in more challenging cases. This is always supervised by one of the attending staff. If residents are interested in precepting students, this generally does not occur until later in the residency year. Commensurate with The Department of Veterans Affairs Residency Supervision Guidelines, graduated levels of responsibility are granted through the residency year to each resident based on the staff's confidence in the resident's clinical and case management skills. Our guidelines delineate three Levels of Residency Supervision, with this opportunity being afforded to those who are interested once the resident is granted Level 3 responsibilities. Even though the resident may be charged with precepting a student, the attending is always closely involved with the delivery of care. The attending always reviews with the resident any cases where they are involved with students in this capacity and the

attending co-signs the note. Again, this is an opportunity afforded to those who are interested. In the past we have had some residents who had no interest and others who enjoyed the challenges associated with working with student externs.

The educational objectives, learning activities, and expected outcomes of the TVAMC Residency in Hospital-Based/Primary Care Optometry include the following:

### **Clinical Activities**

1. Residents will manage at least 1000 patient care encounters.
2. The residents will be the primary provider, within residency supervision guidelines, for patients exhibiting a variety of ocular diseases such as: diabetic retinopathy, glaucoma, cataracts, acute red eyes, vein occlusions, age-related macular degeneration, inflammatory eye disease and others.
3. Residents will interact with disciplines outside the medical center through external rotations.
4. Residents will consult with regional VA ophthalmic sub-specialties.
5. Residents will interact with medical disciplines inside the facility by completing internal consult requests.
6. Residents will manage patients requiring specialized testing and perform tests on these patients in sufficient numbers and at a level of expertise that is acceptable to the clinical staff.

### **Scholarly Activities**

1. Residents must prepare a manuscript of publishable quality.
2. Residents must research, prepare and present lectures at specific times during the residency year.
3. Residents will select and present articles in journal club.

### **Didactic Activities**

1. Residents will attend the weekly Residency Conference at the affiliate (UABSO), which will cover core topics of broad interest and specialty topics in primary care optometry.

## **5. OPTOMETRY RESIDENCY SUPERVISION GUIDELINES**

Commensurate with The Department of Veterans Affairs Residency Supervision Guidelines, all residents who are trained in the VA system must be supervised by an attending staff doctor who is physically present in their respective clinics. Residents are responsible for performing examinations, completing the electronic records and collaborating with their attending clinic staff for each patient. Graduated levels of supervision are granted during the course of the residency year as staff doctors become more familiar with and confident in a resident's clinical and case management skills. In each instance, the attending with whom the resident worked will co-sign each patient note.

The TVAMC has developed three levels of supervision. The clinic staff will make a final determination on the level of supervision based on the individual competency of each resident.

**Level 1** This represents the entry level for all residents. At this level, residents will perform a complete ocular examination of their patient and formulate differential diagnoses and management strategies. The attending doctor will verify the resident's findings to ensure the accuracy of the diagnosis and treatment plan. It is anticipated that each resident will be prepared to progress to the 2<sup>nd</sup> level of supervision after one month of interaction with patients and the attending doctors.

**Level 2** This level of supervision permits residents to discuss routine cases without the physical examination of every patient by the attending staff. More complex cases will require the staff to physically examine the patient. Procedures such as foreign body removal will be performed with the attending present. It is anticipated that each resident will be prepared to progress to the 3<sup>rd</sup> level of supervision by the time of the 1<sup>st</sup> quarter resident review.

**Level 3** This level of supervision permits residents to rotate outside into external sites and supervise 4<sup>th</sup> year students. All cases will continue to be reviewed and cosigned by the staff attending. Advanced procedures will continue to be conducted with the attending present.

## **6. EVALUATIONS**

Resident evaluation is an ongoing process as the staff is intimately involved in the delivery of care with the residents. Patient care and management is also assessed with the review and co-signature of each resident note by an attending. Residents will receive quarterly evaluations from the residency program supervisor, and will in turn be asked to evaluate the program and staff twice a year. These evaluations allow us to ensure that the quality of the program is maintained and serves to offer guidance for program improvement. When applicable, residents will evaluate external rotations and encouraged to offer recommendations that they feel might improve the educational experience. A verbal interview with the Director of the Residency Program at UABSO will occur once a year with each resident at the conclusion of the residency year. Residents are assessed on procedural skills, organizational skills, diagnosis and assessment, management and treatment, communication, and attitude. These are the major areas found in our quarterly clinical evaluations of the residents.

## **7. PRIVILEGES**

Residents are required to have a license to practice optometry from one of the fifty states. Residents are not granted independent clinical privileges at the VA Medical Center, and thus practice under the privileges of the attending staff optometrists. As a resident gains experience, he or she will be granted more independence. However, when performing more advanced procedures, each resident will consult an attending. Residents will be able to order medications, imaging, laboratory results, and consults through the VA computer system.

## **8. SALARY AND BENEFITS**

Salary for residents is established by the Office of Academic Affairs, VA Central Office. Pay periods are separated into 2-week intervals for a total of 26 within a given year. Pay periods always begin on a Sunday and end on a Saturday, and pay will be direct deposited into your bank account on Fridays. The resident is provided



an annual stipend which is determined by the VA Central Office of Academic Affiliations and is not contingent on productivity. The current stipend, as of July, 2011, is \$31,965. Residents are also entitled to health and life insurance through the VA.

According to federal policy, residents may participate in a Federal Employees Health Benefit (FEHB) plan of their choosing, as well as Federal Employees Group Life Insurance Programs (FEGLI). Human Resources will review these benefits with each resident during the TVAMC New Employee Orientation at the beginning of the residency year.

Residents are granted personal liability protection by the provisions of the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679 (b)-(d). This is provided to all residents for professional duties as a resident at the Tuscaloosa VAMC.

## **9. LEAVE**

Each resident is entitled to annual leave and additional authorized absence for professional activities. The annual leave is accrued at the rate of 4 hours per pay period. Annual leave may be used for vacation, personal or family emergencies, interviews, etc. Leave is on a first come, first serve basis and must be approved by the Residency Supervisor and should ideally be sought as far in advance as possible so as to make necessary adjustments to the schedule. A calendar is provided in the main office for all clinic personnel to place their name beside the day they are requesting to have off. Leave is granted only if there are enough clinicians available to staff the clinic.

Authorized absences are granted when the resident is involved with professional activities that are considered VA business. The days approved for "authorized absence" do not deduct from either "annual leave" (vacation) or "sick leave." Annual optometry conferences are an example of this type of professional activity. Conferences generally take place during the week and may interfere with clinic operating hours. Therefore, we normally approve only one such absence/meeting per resident, per year. All authorized absence must be approved by the Residency Supervisor.

Each resident is also entitled to sick leave during the course of the year. Four hours of sick leave is accrued each pay period and is to be used for illness or a healthcare appointment which cannot be scheduled outside of clinic hours. If ill, the resident should contact an attending as soon as he/she realizes that he/she will not be able to come to work.

## 10. GOVERNMENT HOLIDAYS

Clinics are not scheduled for the following federal holidays. These are paid federal holidays, and will be marked on official government calendars in red. Residents are not expected to be in clinic on these days:

- a. July 4<sup>th</sup>
- b. Labor Day
- c. Columbus Day
- d. Veterans Day
- e. Thanksgiving Day
- f. Christmas Day
- g. New Year's Day
- h. Martin Luther King's Birthday
- i. President's Day
- j. Memorial Day

## 11. CLINIC FACILITIES

The Tuscaloosa VAMC has been assigned a generous amount of space and equipment that is completely dedicated to the optometry clinic and allows the mission, goals, and objectives of the program to be fulfilled. The optometry clinic at the Tuscaloosa Veterans Affairs Medical Center was established in 1978. The optometry clinic has experienced significant growth through the years, having grown from a clinic with a total of only three rooms, to a clinic which now contains seven exam rooms, two special procedures rooms, a preliminary testing area, staff office space, two health technician offices and a large waiting area. Our annual patient encounters currently average approximately 7500. This number of encounters affords each resident exposure to, and opportunities to interact with, quality patients.

### Space

7 Examination Rooms  
2 Special Procedures Room  
Administration/Health Technician Office  
Waiting Room  
Coordinator/Staff office

### Equipment

Eye/Vision Examination Rooms: All fully equipped  
Chair and Stand

Phoropter  
Trial Lens Sets  
Projection Chart  
Slit Lamp  
Binocular Indirect Ophthalmoscope  
Direct Ophthalmoscope  
Retinoscope  
Transilluminator  
Assorted examination lenses

Numerous Diagnostic Accessories:

Zeiss FF450 Plus Digital Fundus Camera  
Zeiss- Stratus OCT  
Reichert Hand-held Pachymeter  
Humphery 750 Visual Field Analyzer  
Welch Allen FDT (Humphery)  
Humphery auto-refractor  
Humphery auto-lensometer  
Hand-held biomicroscope  
Perkins tonometers  
A/B ultrasound  
PAM  
Super-pinhole  
Computer workstations in every room

Support from ancillary staff is excellent and allows for the fulfillment of the program's mission, goals, and objectives. Our two health technicians interact closely with the staff and residents. They assist by performing preliminary testing and visual field testing. This enables the resident to maximize their efficiency in the delivery of care.

Staffing

Chief, Optometry Clinic (Full-time)  
Staff Optometrist (Full-time)  
2 Health Technicians (Full-time)  
1 Scheduling Clerk (Full-time)  
3 Optometry Students (Full-time)  
2 Optometry Residents (Full-time)

## 12. EDUCATIONAL RESOURCES

The resident has access to current educational and informational resources. The following educational resources are available to each resident:

Access to the VISN 7 internet library at the desktop in every exam room  
Access to ophthalmology and optometric journals on-site  
On-site ophthalmic reference texts  
Access to TVAMC Medical Library  
Access to Lister Hall Library of the Health Sciences at the affiliate (UABSO)

The optometry clinic maintains hard copies of selected journals including: *Survey of Ophthalmology*, *American Journal of Ophthalmology*, *Optometry-The Journal of the American Optometric Association*, and *Review of Optometry*. Copies of these journals generally date from 2010 back to the 1980's. Since 2010, the TVAMC Education Department and library have been encouraging staff to use online databases that have been purchased by VACO headquarters and the VISN 7. This has increased the number of educational resources (journals and textbooks) that are available to staff and residents. As an example, through the one of our databases, the following online materials area available:

- *Review of Cornea and Contact Lens* (2006 to present)
- *Review of Optometry* (2004 to present)
- *Optometry and Vision Science* (1989 to present)
- *Ophthalmology* (1998 to present)
- *American Journal of Ophthalmology* (2004 to present)
- *Canadian Journal of Ophthalmology* (2005 to present)
- *Journal of Glaucoma* (1992 to present)
- *Journal of Neuro-ophthalmology* (1994 to present)
- *Survey of Ophthalmology* (1975 to 1994)

If there were a situation arise where an abstract of interest was identified but we were unable to retrieve the full text, the librarians at TVAMC have the ability to go outside of what we are able to retrieve via the intranet and access those materials. This capability significantly enhances the educational opportunities and the informational resources available to our residents. The resident's examination room/office has space for the resident's small personal library, and it contains a computer with internet, library, and patient data (electronic health record) access.

Residents are advised by the Residency Director early in the Residency Program to complete the UAB process to become an unpaid volunteer. The Administrative Associate to the Residency Programs at UABSO and the Personnel Director at UABSO assist the residents through the process. Once a resident has become an

unpaid volunteer, the resident is given the same library privileges as faculty at the Lister Hill Library of the Health Sciences, located next door to the Henry B. Peters Building. This library is the largest biomedical library in Alabama, and occupies a space of approximately 90,000 square feet. The optometry and vision science holdings are integrated into the health sciences library collection and are organized according to the National Library of Medicine classification scheme. Currently, its collection contains electronic journals of more than 5000 titles for the health sciences; 104 of these are optometry and ophthalmology titles. Students, residents, and faculty have access to over 300 databases and resources and 2,587 electronic books. In total, the library's print and media collection contains over 338,000 volumes in all formats, spanning seven centuries of knowledge beginning with the rare collections of the Reynolds Historical Library and extending to the latest electronic journals and databases. The library catalog, electronic journals, databases, etc. are accessible from an off campus internet connected computer by the resident when he or she authenticates by entering his or her Blazer ID and password. Librarians are available to assist the resident with databases and resources, literature searches, systematic reviews, grant preparation, and other research needs. The reference librarian and liaison to the School of Optometry is Nicole Mitchell, MLIS, MA. The Lister Hill Library web site is <http://www.uab.edu/lister/>. The link to optometry resources is <http://www.lhl.uab.edu/optometry>.

The library is open 94.5 hours per week according to the following schedule:

*Monday-Thursday, 7:00 am to 11:00 pm*

*Friday, 7:00 am to 7:00 pm*

*Saturday, 9:30 am to 6:00 pm*

*Sunday, 12:00 pm to 10:00 pm*

### **13. EMPLOYEE HEALTH**

The employee health nurses or doctors are available to all employees, residents and students during clinic hours for minor illnesses and injuries in order that the employees may remain on duty. Office hours are Monday through Friday from 8:00am to 4:30pm. More severe diagnoses should be referred to the employee or student's private physician.

### **14. WORKMEN'S COMPENSATION**

All residents that have been processed as an employee are covered by Workmen's Compensation for any illnesses or injuries incurred during the performance of their duties. If a resident is injured or suffers a job-related injury

while on duty they are advised to seek immediate medical attention through the employee health clinic. The resident must report the episode to their service chief within 24 hours so that appropriate forms can be completed.

## **15. COUNSELING, GRIEVANCE, ADMINISTRATIVE APPEALS AND TERMINATION PROCEDURES**

Residents are expected to abide by the Department of Veterans Affairs regulations and policies so that the highest standards of conduct, honesty, integrity, impartiality, and ethical behavior are maintained at all times. Prompt action is taken by the Optometry Chief and reviewed by the Chief of Staff when there is a violation of these standards. Center Memorandum HRMS-05-44 (*Appendix 1: Available only in hard copy or on TVAMC intranet desktop under Medical Center Policies*) outlines the standards of proper conduct and ethical behavior for all Medical Center employees.

A grievance represents a specific complaint by an employee that the established policies and procedures pertaining to employment conditions and disciplinary actions are not being properly applied in their situation. This does not represent a minor irritation that can and should be tolerated, and it is not a complaint that the established benefits, policies, or procedures are unsatisfactory. This process is available to all full-time residents that are paid by the Medical Center.

Any employee feeling that they have been unfairly treated may file a grievance and can expect to receive a timely response. When possible, resolution of the complaint at a level as close to the source of the problem should be attempted. Staff are always available for advise, discussion, and consultation on such matters. If it is such that the resident feels that they cannot discuss the problem with their first-level supervisor, they can take the grievance to the next higher supervisory level. Grievances should be initiated and discussed within the first 15 days after the incident. The grievance and the desired corrective action should be carefully presented and discussed. If unresolved through the first-line supervisor, the resident is advised to take the grievance to the next level until of supervision for consideration of the case. Center Memorandum HRMS-05-15 (*Appendix 2: Available only in hard copy or on TVAMC intranet desktop under Medical Center Policies*) addresses employee grievances and references the VHA Directives that guide the grievance procedure and any subsequent appeals.

VHA HANDBOOK 1400.1, RESIDENCY SUPERVISION states, *"...When a resident's performance or conduct is judged to be detrimental to patient care, evaluation of the resident, in mutual consultation with the faculty, must be done. Residents may be dismissed from VA assignment in accordance with VA Handbook 5021, Part VI, paragraph 18, which includes a requirement to notify*

*the Residency Program Director of the affiliated participating institution of a proposed dismissal of a resident in an integrated program..."*

Action against a resident may include closer supervision, counseling, formal written censure, or dismissal based on the severity of the infraction. Progressive discipline may be used for repeated minor violations and eventually result in dismissal from the program. In all cases, residents are given a summary of the charges and an opportunity to respond. If the resident feels that the action taken by the Optometry Chief is inappropriate, then a review by the Chief of Staff may be requested.

## **16. EMPLOYEE CLEARANCE**

At the end of the year the resident is required to complete an "Employees Clearance from Indebtedness", Form 3248. This is available from the service chief. During the clearance procedure, residents are required to complete all medical records and surrender all Medical Center property such as keys, uniforms, and photo-identification badges. Final paychecks are not released until this procedure is completed.

## **SECTION 4: FACILITY SAFETY POLICIES**

New employee orientation covers facility-specific safety and infection control issues. These items are covered during the first week of the residency year and are conducted by the Safety Office and Human Resources. A copy of the Residency Handbook contains examples of the Infection Control Power Point and Safety Handout that is presented during the first week of orientation (*Appendix 3*). Clinic specific issues are covered below.

### **1. CLINIC SAFETY**

All employees within the eye clinic work toward the safety of veterans, visitors, other staff and themselves. All equipment within the medical center is checked annually by bio-med staff to ensure safe working conditions, but equipment can still fail from time-to-time. If any equipment is noted to be in poor working condition, it should be reported to the resident supervisor or the Chief of Optometry. Any floor debris should be picked up and placed in a trash receptacle immediately as well.

Falls and injuries can be a problem with an elderly population, and the VA considers prevention of falls a major priority. If a recognizable liquid (such as water or coffee) is spilled on the floor in a small amount, it should be wiped up immediately so that no one may slip or fall. If the liquid makeup is unknown, it should be reported to the resident supervisor or the Chief of Optometry so that arrangements may be made for clean-up. Likewise, large spills, or bodily fluids (urine, feces, blood) will need to be reported so that it may be cleaned properly.

When a patient is getting in or out of a wheelchair, the provider should stay by the side of that patient to assist and prevent falls. If the resident feels that he or she is unable to assist the patient for some reason, they should ask for help from another staff member. Likewise, the resident is expected to offer to help others if they appear to have difficulty assisting a veteran.

Courtesy and safety are key and any act, large or small, that may contribute to the safety of others (or self) within the medical center is appreciated.

## 2. FIRE SAFETY

The medical center has an alarm and firelight system in place which identifies the specific area within the facility that is affected. In the event of a fire in our area, an announcement indicating that Building 1 is involved will come across the intercom system. Our clinic evacuate through the sliding glass doors entering the large waiting room and patients and staff proceed to the flagpole until the "all-clear" announcement is heard.

The Tuscaloosa VA Medical Center employs the "RACE" system as a mnemonic to remember what to do (in the proper order) in case of a fire in your local area.

- **R**escue any patients, visitors, staff or persons in the area and **R**emove them from immediate threat
- **A**larm—pull the fire alarm
- **C**ontain the fire as well as possible (fire doors should be closed in the immediate area)
- **E**xtinguish and evacuate—the fire extinguisher for the eye clinic is located in the staff office. This is to be attempted *only* in the case of a small local fire, and in no way does this imply that any resident or employee should take risks with their own safety. All persons and patients should be evacuated from the area immediately, with exam lane and clinic doors shut as each area is evacuated.

The mnemonic for the proper use of a fire extinguisher is "PASS":

- **P**ull the pin
- **A**im the nozzle toward the base of the fire
- **S**queeze the trigger
- **S**weep the nozzle back in forth in a fluid motion aimed at the base of the fire



### 3. INFECTION CONTROL

A sharps container is located in the special procedures room on the wall behind the digital retinal camera. Any used sharps must be placed in this container. There is a biological waste disposal unit on the floor beneath the sharps container should be used **ONLY** for appropriate biological materials as these should not be placed in the normal waste system. Residents are responsible for making sure that equipment within their exam lanes are cleaned between patients, and any sharps or biological waste should be placed in appropriate receptacles between patients as well.

Gloves and masks are available to any clinician or staff members, and are kept and stored in the health technician's room. Residents are expected to keep their exam lanes well stocked with infection control barriers. Masks, gloves and anti-bacterial hand gel are also available to patients and visitors and are located on walls throughout the facility. If a patient is coughing or appears ill, they are encouraged to use the infection control barriers.

All exam lanes have sinks and are stocked with anti-bacterial soaps and/or hand gel. Each clinician is expected to use some form of hand cleansing agent (hand gel or washing with soap) between *every* patient encounter.

The TVAMC has a procedure in place for tonometer tip sanitization. Each morning and afternoon, sanitary tonometer tips are brought to the clinic and used tips picked up. We have purchased enough tips so that you can replace a used tip with a clean one after each use. Please remember that these are **NOT** disposable tips. Used tips are placed in a basin in the health technician's office so that these can be picked-up during the day.

### 4. HAZARDOUS MATERIALS (MSDS)

All Materials Safety Data Sheets (MSDS) for hazardous material used at the Tuscaloosa VAMC are maintained in the health technician's office.

### 5. EMERGENCY ALARMS

There are several voiced Emergency Code announcements that may be made over the VA paging system. They are decoded as follows:

- Code **Red = Fire** (accompanied by a bell alarm and flashing light system)
- Code **Blue = Medical/Clinical Emergency**
- Code **Black = Bomb Threat**
- Code **Green = Disaster**
- Code **Yellow = Missing Person**

In the event of a medical emergency, residents or staff would call extension "3604", enter team number "0020" and calmly indicate the nature of the medical emergency and your location (optometry clinic) three times. Physicians and nurses will immediately be dispatched to the area. If CPR is necessary, this should be initiated.

All phones are labeled with numbers to call in case of an emergency:

| Emergency | Number to Call  |
|-----------|-----------------|
| Police    | 2685            |
| Fire      | 2297            |
| Code Blue | 3604, Team 0020 |

## **6. REUSABLE MEDICAL EQUIPMENT (RME)**

The VA requires that all reusable medical equipment be properly cleaned, according to manufacture recommendations. Reusable equipment in the eye clinic would include tonometer tips, gonioscopy lenses and fundus contact lenses. Our current practice is to have non-contact tonometry (NCT) performed by the health technician during the preliminary work-up. Goldman tonometry is then performed in those cases where a patient has a diagnosis of glaucoma, or if there are NCT findings that, in the clinician judgment, need to be repeated and verified.

After each use, the tonometer tip will be deposited in the stainless steel basin in the health technician's office. This basin is picked-up twice a day by SPD and cleaned and clean tips are brought back to the clinic to replace used tips. This ensures that each time Goldman tonometry is performed a tip is being used that was cleaned according to manufacturer recommendations. It is recommended that you unwrap the tip and install the tip in front of the patient prior to the procedure so that they never can question you as to whether or not the instrument is clean.

As for gonioscopy and fundus contact lenses, the same procedure is in place. Once a lens is used, it is deposited in the basin with the tonometer tips, taken to SPD and cleaned and then brought back in cleaned, packaged and labeled as "clean". After you use a lens a new one will be dispensed to you for the next procedure out of the office of the clinic chief.

You may not use your own lenses. The VA requires that this cleaning be performed and if your lenses were to become inadvertently mixed in with those of the clinic and then broken or damaged in the cleaning process, the VA would not assume responsibility.

## SECTION 5. MISCELLANEOUS INFORMATION

### 1. State Vision Requirements (Alabama and Mississippi)

#### Alabama

Drivers' visual capabilities are assessed upon original licensure, and then again, only if they are referred to the Department of Transportation for re-examination. Renewal drivers do not undergo vision screening. **Visual standards for licensing are 20/40 acuity with both eyes and a horizontal temporal field of at least 110 degrees from the center. Original applicants and re-examination drivers who have uncorrected visual acuity of less than 20/40 in each eye, but at least 20/50 in one eye and/or a visual field of less than 100 degrees are referred to a vision specialist for examination and an advisory recommendation. The person will also complete a driving evaluation, and may be restricted to driving with outside mirrors or driving during daylight hours. Drivers who do not have a visual acuity of at least 20/60 or better in at least one eye, as assessed by a vision specialist will not be licensed to drive. Note the attached visual requirements chart.**

#### Mississippi

First-time applicants (but not renewal applicants) are required to have their vision screened before being licensed to drive. **The department's vision standard is 20/40 acuity or better with both eyes, with or without corrective lenses, and horizontal visual field of 140 degrees (binocularly) or 70 degrees temporal and 35 degrees nasal (monocularly). If corrective lenses are required to pass the test, then drivers will be licensed with a corrective lenses restriction. Drivers with 20/40 acuity or better in one eye, with or without corrective lenses, but blind in the other will be restricted to driving with an outside side-view mirror and corrective lenses if used to pass the test.** Drivers who cannot meet the department's standards are referred to their vision specialist, who must complete a vision statement form. The vision form requires acuity and field of vision measurements, and the eye-care specialist is asked to check all applicable items from the following list: present vision is adequate for safe driving; the applicant should drive only while wearing bioptic telescopic lenses; driving should be limited to daylight driving only; because of progressive defect, the applicant should be visually reexamined in 12 months; applicant falls within bioptic telescopic lens requirements; the applicant should not be licensed to drive. Because Mississippi does not implement periodic medical/visual reporting requirements, an applicant for whom the eye care specialist recommended a 12-month re-evaluation would actually receive a restriction requiring vision testing at

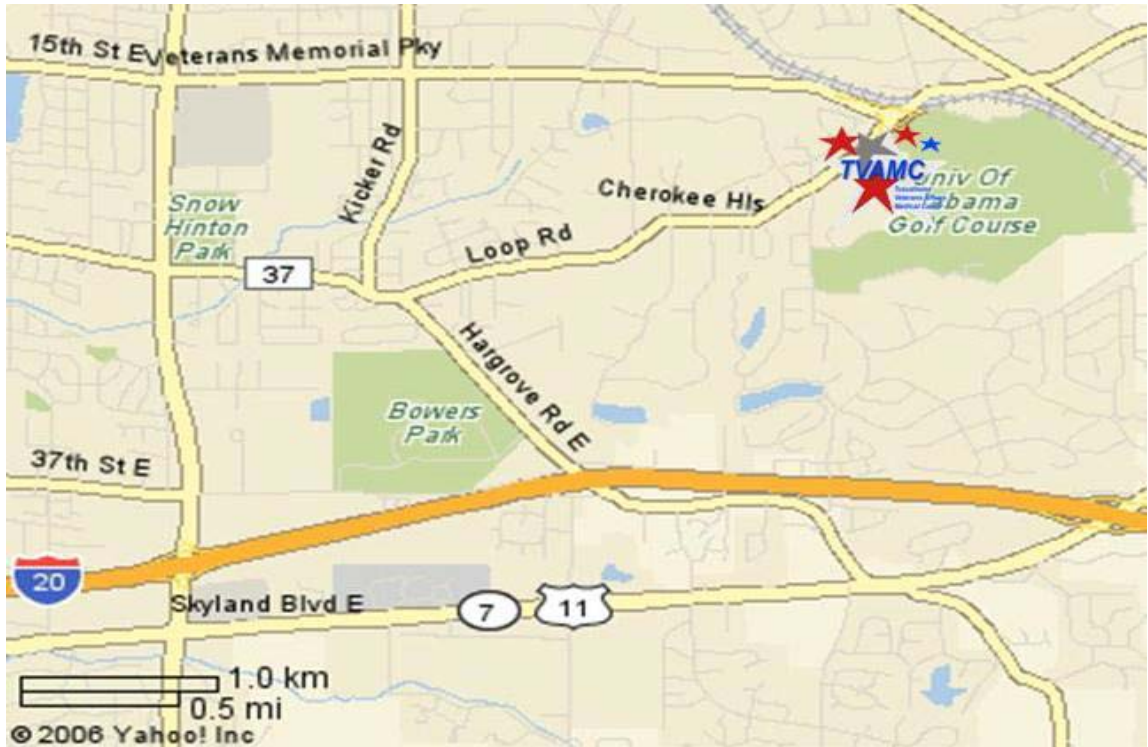
renewal. Based on the eye care specialist's report, **a driver with 20/50 to 20/70 acuity or better with both eyes will be restricted to driving with corrective lenses and during daylight only. Drivers with 20/70 or better in both eyes, but for whom correction will not improve vision, will be restricted to daylight driving and speeds of 45 mi/hr or less. Applicants with 20/50 or better in one eye and 20/60 to permanently blind in the other eye with or without corrective lenses (and without progressive malfunction) will have corrective lenses, daylight, 45 mi/hr, and re-examination-before-renewal restrictions imposed on their licenses. Applicants who fail the eye care specialist's depth perception test are restricted to 45 mi/hr speeds. Applicants who do not have a horizontal visual field of at least 70 degrees temporal and 35 degrees nasal in at least one eye are not qualified to drive in Mississippi.**

Applicants with vision worse than 20/70, up to 20/200, may be eligible to use bioptic telescopic lenses. Drivers may apply to drive with bioptic telescopic lenses, and if licensed, must submit an updated optometrist or ophthalmologist report at each renewal. Applicants must have a visual acuity of at least 20/200 in the better eye with the best conventional non-telescopic corrective lens, and must have at least 20/50 acuity through the bioptic telescopic lens. The power of the lens may not exceed 4x. The applicant's horizontal visual field diameter must be no less than 105 degrees without the use of field expanders. There may be no condition relative to the skeletal, neurological, muscular, and/or cervical spine system(s) that could prevent normal movement of the head and/or eyes. Prior to the driving skills test, the applicant must present certification of having successfully completed a vision rehabilitation program in the use of the bioptic telescopic device (from a licensed ophthalmologist or optometrist), and certification of having completed a certified driver education course consisting of a minimum of 6 hours of actual behind-the-wheel training, completed while using the bioptic telescopic lens.

## **2. Tuscaloosa Information**

### **Driving Directions**

From 1-20/I-59: Take exit 73 onto McFarland Boulevard (Hwy 82) heading north. Drive approximately 2 miles until you reach Veterans Memorial Parkway (15th Street ). Take a right at the light onto Veterans Memorial Parkway (adjacent to University Mall) heading east. Drive approximately 3 miles until you reach the exit lane on your right which will put you onto Loop Road. Take a right onto Loop Road. The main entrance to the Medical Center will be immediately on your left.



### Public Transportation

The Tuscaloosa Transit Authority also provides public transportation via bus to and from the medical center. A city bus arrives and departs the medical center at the bus stop located in front of Building 1 at approximately 20 minutes past the hour from 5 a.m. to 5 p.m. Monday thru Friday.

### Parking

The medical center has numerous parking lots adjacent to all major buildings for your convenience. There is also specially designated parking spaces available for patients/visitors, handicapped patients/visitors, and volunteers.

### 3. Useful Websites

Tuscaloosa VA Medical Center: [www.tuscaloosa.va.gov](http://www.tuscaloosa.va.gov)

Veteran's Affairs Home Website: [www.va.gov](http://www.va.gov)

University of Alabama at Birmingham School of Optometry: [www.uab.edu/optometry](http://www.uab.edu/optometry)

Tuscaloosa Chamber of Commerce: [www.tuscaloosachamber.com](http://www.tuscaloosachamber.com)

APPENDIX 1. CM HRMS 05-44: EMPLOYEE RESPONSIBILITIES AND CONDUCT

APPENDIX 2. CM HRMS 05-15: EMPLOYEE GRIEVANCES AND  
ADMINISTRATIVE APPEALS

## APPENDIX 3. INFECTION CONTROL POWER POINT AND SAFETY HANDOUT



# Tuscaloosa VAMC Optometry Residency Handbook

